City

State

#### U.S. Department o bor



Office of Labor Management Standards Required of Persons, Including Labor Relations Form Approved. Washington, D.C. 20210 Consultants and Other Individuals and Organizations, No. 1214-0001 (Feb. 1986) Under Section 203(b) of the Labor-Management Expires: 12/31/86 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.—PERSON FILING 1. NAME AND ADDRESS (Include ZIP code) 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74011 3. FILE NO. 4. PERIOD Month Day Year COVERED BY THIS REPORT 00 01 01 From: 00 B.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT Labor Relations Services 11/17/2000 \$ 4,753.00 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 Labor Relations Services 11/17/2000 468.00 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 Labor Relations Services 12/12/2000 741.00 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 TOTAL \$ 5,962.00 C.—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES (a) Name (b) Salary 9. Office and Administrative Expenses (c) Expenses (d) Totals \$ \$ S 10. Publicity ..... 11. Fees for Professional Services . . . 13. Other Disbursements ..... Total Disbursements to officers and employees: \$ 14. Total Disbursements (Sum of items 8-13) D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions 15. EMPLOYER 16. TO WHOM PAID 17. AMOUNT 18. PURPOSE Employed to give speeches to employees to persuade them to not join a union. TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all attachments incorporated therein or referred to in this report, has been examined by him and in to the best of his E.-VERIFICATION AND SIGNATURE. information in this report, including all knowledge and bellef SIGNED: PRESIDENT TREASURER (If other title, cross out and (If other title, Broken Arrow, OK on: .... Broken Arrow, OK cross out and

write in correct title above.)

write in correct title above.)

... on: ....

City

State

# Receipts and Disbursements Report

## U.S. Department of Labor



Office of Labor-Management Standards Washington, D.C. 20210 (F

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations,

Form Approved. - OMB No. 1214-0001

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PRESIDENT (If other title, cross out and write in correct title above.)

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TREASURER (If other title, cross out and write in correct title above.)

## Receipts and Disbursements Report

knowledge and belief, true correct, and complete.

Strow OK on:

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Office of Labor-Management Standards Required of Persons, Including Labor Relations Form Approved. -Consultants and Other Individuals and Organizations, No. 1214-0001 Washington, D.C. 20210 Under Section 203(b) of the Labor-Management Expires: 12/31/86 (Feb. 1986) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.—PERSON FILING 1. NAME AND ADDRESS (Include ZIP code) 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: Consulting Services Inc Elm Place 4. PERIOD 3. FILE NO. Month Day Year COVERED 01 BY THIS REPORT To: B .- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT Namerville TOTAL Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. C .- STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: (b) Salary (c) Expenses (d) Totals (a) Name 9. Office and Administrative Expenses \$ Fees for Professional Services 13. Other Disbursements Total Disbursements to officers and employees: \$ 14. Total Disbursements (Sum of items 8-13) D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 16. TO WHOM PAID 17. AMOUNT 15. EMPLOYER Employed do give speeches to employees join a union TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E.—VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his

PRESIDENT (If other title, cross out and write in correct title above.)

TREASURER (If other title, cross out and write in correct title above.) City